MEDI-CAL UPDATE Part 2
Billing and Policy
www.medi-cal.ca.gov

Pharmacy

July 2006 • Bulletin 634

Contents

Diabetic Shoes and Inserts Policy Update

Effective retroactively to dates of service on or after April 1, 2006, the policy limitations for therapeutic diabetic shoe and insert codes have been modified to allow up to the following quantities:

HCPCS Code	Frequency Limitation
A5500	Three pairs of shoes (two off-the-shelf and one custom-made) per year, same recipient, any provider.
A5501	Three pairs of shoes (two off-the-shelf and one custom-made) per year, same recipient, any provider.
A5512	Three pairs per year, same recipient, any provider
A5513	Three pairs per year, same recipient, any provider

Codes A5500, A5501, A5512 and A5513 must be billed with modifiers -LT (left side), -RT (right side) or both. Also, a certificate of medical necessity must be submitted to the local Medi-Cal field office when requesting prior authorization for therapeutic diabetic shoes, inserts or modifications. The name of the certification form has been changed to *Statement of the Certifying Physician for Therapeutic Diabetic Shoes* and the form has been modified.

Shoe insert codes and/or two shoes billed for the same date of service will be reimbursed in pairs only, one with modifier -LT and one with modifier -RT.

Providers whose claims for multiple pairs of shoes or inserts were denied for dates of service on or after April 1, 2006 can file a *Claims Inquiry Form* (CIF).

The updated information is reflected on manual replacement pages ortho 14 (Part 2) and the Statement of the Certifying Physician for Therapeutic Diabetic Shoes form (Part 2).

Rate Adjustments for Selected DME and Prosthetic Codes

Wheelchair cushion codes E2601 and elbow socket prosthesis codes L6694 – L6698 became Medi-Cal benefits for dates of service on or after November 1, 2005. Medicare's 2006 3rd Quarter Fee Schedule Update has adjusted reimbursements retroactively for these codes. In accordance with *Welfare and Institutions Code*, the Medi-Cal rates are adjusted accordingly.

Please see **Rate Adjustments**, *page 2*

Rate Adjustments *(continued)*

The wheelchair cushion code reimbursement rates are effective retroactively for dates of service on or after January 1, 2006, and the elbow socket prosthetic code rates are retroactive to November 1, 2005, the date the codes became Medi-Cal benefits. Previously paid claims will not be reprocessed at this time.

The adjusted rates are as follows:

HCPCS Code	Adjusted Rental Rate	Adjusted Purchase Rate
E2601	$6.13	$61.16
E2602	$11.94	$119.40
E2603	$15.17	$151.59
E2604	$18.83	$188.41
E2605	$26.93	$269.17
E2606	$42.01	$419.93
E2607	$28.99	$289.95
E2608	$34.80	$348.09
L6694	NA	$502.73
L6695	NA	$418.94
L6696	NA	$828.47
L6697	NA	$828.47
L6698	NA	$425.50

This updated information is reflected on manual replacement pages dura cd 12 (Part 2) and ortho cd2 15 (Part 2).

Clinical Services and Pharmacy Benefit Corrections

Family PACT (Planning, Access, Care and Treatment) providers should note the following three corrections, indicated with underlined text, to the Family PACT Clinical Services and Pharmacy Benefit article that was published in the June 2006 *Medi-Cal Update.* These three corrected statements appear in different parts of the article.

Restrictions
The following CPT-4 codes are restricted to females ages 15 to 55 years of age: 00940, 57452, 57454, 57455, 57456, 57460, 57511, 87621, 88305 and 88307.

Deletions and Replacements
Syphilis: Range 091.0 – 097.9 is replaced with 091.0, 091.3, 092.9, 096, 097.1, 616.50, 608.89 and V01.6.

Core Secondary Service: Immunization
A primary diagnosis is required for administration of Hepatitis B vaccine to non-immunized clients.

Other Secondary Services						Complications Services (10)
Vaccine	**Description**	**Procedures**	**Laboratory**	**Supplies**	**Medications**	**Description**
Hepatitis B Use appropriate primary diagnosis code	Hepatitis B immunization		None	None	Hepatitis B vaccine 90743 90744 90746 Modifiers required	Allergic reaction to Hepatitis B vaccine Vaso-vagal episode

(10) Complications services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)* section.

Provider Orientation and Update Sessions

Medi-Cal providers seeking enrollment in the Family PACT (Planning, Access, Care and Treatment) Program are required to attend a Provider Orientation and Update Session. The dates for upcoming sessions are listed below.

Individual and group providers wishing to enroll must send a physician-owner to the session. Clinics wishing to enroll must send the medical director or clinician responsible for oversight of medical services rendered in connection with the Medi-Cal provider number.

Office staff members, such as clinic managers, billing supervisors and patient eligibility enrollment supervisors, are encouraged to attend but are not eligible to receive a *Certificate of Attendance*. Currently enrolled clinicians and staff are encouraged to attend to remain current with program policies and services. Medi-Cal laboratory and pharmacy providers are automatically eligible to participate in the Family PACT Program without attending an orientation session.

The session covers Family PACT provider enrollment and responsibilities, client eligibility and enrollment, special scope of client services and benefits, provider resources and client education materials. This is not a billing seminar.

Please note the upcoming Provider Orientation and Update Sessions below.

Fullerton

July 20, 2006
California State University, Fullerton
TSU Building, Pavilion A
800 N. State College Boulevard
Fullerton, CA 92813

Los Angeles

August 14, 2006
Radisson Wilshire Plaza Hotel
3515 Wilshire Boulevard
Los Angeles, CA 90010

San Diego

August 24, 2006
Manchester Grand Hyatt
One Market Place
San Diego, CA 92101

For a map and directions for these locations, go to the Family PACT Web site at **www.familypact.org** and click the appropriate session date under "Provider Orientations" and then click the "For directions: click here" link.

Registration
To register for an Orientation and Update session, go to the Family PACT Web site at **www.familypact.org,** click "Registration" next to the appropriate date under "Provider Orientations" and print a copy of the registration form. Fill out the form and fax it to the Office of Family Planning, Attn: Darleen Kinner, at (916) 650-0468. If you do not have Internet access, you may request the registration form by calling 1-877-FAMPACT (1-877-326-7228).

Providers must supply the following when registering:

- Name of the Medi-Cal provider or facility
- Medi-Cal provider number
- Contact telephone number
- Anticipated number of people attending

Please see **Family PACT** *page 4*

Family PACT *(continued)*

Check-In
Check-in begins at 8 a.m. All orientation sessions start promptly at 8:30 a.m. and end by 4:30 p.m. At the session, providers must present the following:

- Medi-Cal provider number
- Medical license number
- Photo identification

Note: Individuals representing a clinic or physician group should use the clinic or group Medi-Cal provider number, not an individual provider number or license number.

Certificate of Attendance
Upon completion of the orientation session, each prospective new Family PACT medical provider is mailed a *Certificate of Attendance*. Providers should include the original copy of the *Certificate of Attendance* when submitting the Family PACT application and agreement forms (available at the session) to Provider Enrollment Services. Providers arriving late or leaving early will not be mailed a *Certificate of Attendance*. Currently enrolled Family PACT providers do not receive a certificate.

Contact Information
For more information about the Family PACT Program, please call 1-877-FAMPACT (1-877-326-7228) or visit the Family PACT Web site at **www.familypact.org**.

The Family PACT Program was established in January 1997 to expand access to comprehensive family planning services for low-income California residents.

CCS Service Code Groupings (SCG) Update

Retroactive for dates of service on or after July 1, 2004, a number of codes are added to the California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02, 03 and 07.

In addition, code 99359 is end-dated for dates of service on or after July 1, 2006.

Reminder: SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01. These same "rules" apply to end-dated codes.

The updated information is reflected on manual replacement pages cal child ser 5, 12 and 15 (Part 2).

Instructions for Manual Replacement Pages — Part 2

July 2006

Pharmacy Bulletin 634

Remove and replace:	cal child ser 5/6, 11/12, 15/16 dura cd 11/12 medi non hcp 1/2 * ortho 13/14
Remove after the *Orthotic and Prosthetic Appliances* section:	*Clinician Certification of Medical Necessity for Therapeutic Shoes*
Replace with:	*Statement of the Certifying Physician for Therapeutic Diabetic Shoes*
Remove and replace:	ortho cd2 15/16
Remove: Insert:	remit ex ph 5/6 remit ex ph 5 thru 7 *

* Pages updated due to ongoing provider manual revisions.